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Report of the Independent Expert on the enjoyment of all human rights by older persons on her mission to Montenegro

Note by the Secretariat

The Secretariat has the honour to transmit to the Human Rights Council the report of the Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte, on her mission to Montenegro from 23 to 30 April 2018. The main objective of the visit was to identify both best practices and gaps in the implementation of existing laws relating to the promotion and protection of the rights of older persons. In her report, the Independent Expert assesses the implementation of existing international instruments, laws and policies pertaining to the enjoyment of all human rights by older persons in Montenegro. Based on information gathered prior to, during and after the visit, the Independent Expert analyses the challenges faced in the realization of all human rights by older persons, paying particular attention to ostracized persons and groups.

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Report of the Independent Expert on the enjoyment of all human rights by older persons on her mission to Montenegro*

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* Circulated in the language of submission only.

I. Introduction

1. Pursuant to Human Rights Council resolution 33/5, the Independent Expert on the enjoyment of all human rights by older persons conducted an official visit to Montenegro from 23 to 30 April 2018, at the invitation of the Government. The purpose of the visit was to identify best practices and gaps in the implementation of existing laws relating to the promotion and protection of the rights of older persons in the country.

2. During her visit, the Independent Expert met with the President and the Prime Minister, as well as numerous representatives of the Government, local authorities, the Protector of Human Rights and Freedoms of Montenegro (Ombudsman), non-governmental organizations, researchers, academia and civil society, as well as others working on the rights of older persons and older persons themselves, inter alia, in Podgorica, Bijelo Polje, Nikšić, Risan, Kotor, Dobrota, Budva and Bar.

3. The Independent Expert thanks the Government of Montenegro for extending an invitation to her and for its cooperation throughout the visit. She also expresses her appreciation to the Office of the United Nations High Commissioner for Human Rights (OHCHR) and its Special Procedures Branch for its support in the preparation and execution of the visit.

4. The Independent Expert further expresses her gratitude to the Government of Montenegro for extending an invitation to her and for its cooperation and excellent support throughout the visit. She also expresses her appreciation to the United Nations country team, the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, as well as the Red Cross in Montenegro for its support during her visit.

II. Background and context

5. Between 1945 and 1992, Montenegro was a constituent republic of the former Socialist Federal Republic of Yugoslavia. In April 1992, Montenegro and Serbia formed a new federal State, namely the Federal Republic of Yugoslavia. In 2003, the Federal Republic of Yugoslavia was officially reconstituted as a loose union known as Serbia and Montenegro. On 21 May 2006, Montenegro held a referendum on independence, in which 55.5 per cent of the population voted for independence.

6. Montenegro is a small State in South-Eastern Europe with an estimated population of 629,219 and a relatively flat population growth. It is a very ethnically diverse country, which recognizes several ethnic groups.[1] There are also some 11,000 refugees from the former Yugoslavia, who have acquired foreigner status.[2] The applications of 945 refugees from the former Yugoslavia are still pending and, as a consequence, they continue to hold

[1] The population of Montenegro, according to the national affiliation, consists of: Montenegrins 278,865 (44.98 per cent); Serbs 178,110 (28.73 per cent); Yugoslavs 1,154 (0.19 per cent); Albanians 30,439 (4.91 per cent); Bosniaks 53,605 (8.65 per cent); Bosnians 427 (0.07 per cent); Bosniaks/Muslims 181 (0.03 per cent); Montenegrins/Muslims 175 (0.03 per cent); Montenegrins/Serbs 1,833 (0.30 per cent); Goranians 197 (0.03 per cent); Muslims/Bosniaks 183 (0.03 per cent); Muslims/Montenegrins 257 (0.04 per cent); Serbs/Montenegrins 2,103 (0.34 per cent); Turks 104 (0.02 per cent); Egyptians 2,054 (0.33 per cent); Italians 135 (0.02 per cent); Macedonians 900 (0.15 per cent); Hungarians 337 (0.05 per cent); Muslims 20,537 (3.34 per cent); Germans 131 (0.02 per cent); Roma 6,251 (1.01 per cent); Russians 946 (0.15 per cent); Slovenians 354 (0.06 per cent); Croats 6,021 (0.97 per cent); others 3,358 (0.54 per cent); and undeclared 30,170 (4.87 per cent). See http://www.monstat.org/eng/page.php?id=393&pageid=57.

[2] In 2009, the Government of Montenegro introduced privileged access for those with the status of foreigner. This status secures access to many rights guaranteed to citizens (e.g. work, except in State institutions where Montenegrin citizenship is required, as well as health care, social care, possession of real estate) in line with relevant legislation. The status of foreigner with permanent residence is not time-limited and is a pathway to Montenegrin citizenship after 10 years of permanent residence.

the insecure and ambiguous legal status of either "internally displaced persons" or "displaced persons".[3]

7. As Montenegrin society is ageing rapidly, specific responses to the challenges that presents in terms of the human rights of older persons are required. In 2015, around 20 per cent of the population was aged 60 or over. The number of older persons has tripled over the past 50 years and it is expected that, by 2050, more than 1 in 5 persons will be aged 60 or over.[4] Older persons in Montenegro are particularly vulnerable to old-age poverty or bad health or being subjected to violence, maltreatment or abuse.

8. The country ranks low on the Global AgeWatch Index 2015, at 68th overall.[5] It performs best in the health domain, with the highest values in its region for the psychological well-being indicator (95 per cent). It ranks moderately low in the income security domain (61), although its pension coverage (52.3 per cent) is the lowest in the region. Montenegro has the third lowest employment rate of older persons in the region and ranks lowest in the region for educational attainment among older persons.

III. Administrative, legal, institutional and policy framework

9. When Montenegro gained its independence on 3 June 2006, it was established as an independent, sovereign State with the republican form of government. The country's constitutional conception was that of a civil, democratic and ecological State of social justice, based on the rule of law.[6] Legislative power was exercised by Parliament, executive power by the Government and judicial power by the courts. The country was represented by the President, who was directly elected for a five-year term of office, renewable once. Constitutionality and legality were protected by the Constitutional Court.

10. Montenegro ranked high in the human development index, at 48th out of 188 countries and territories. According to the data published by the Statistical Office of Montenegro, it had recorded strong economic growth, which had reached 5.1 per cent in the second quarter of 2017, which was the fifth highest growth rate in Europe.[7]

11. Montenegro had ratified or acceded to most human rights conventions of particular relevance to older persons. It was a party to the main international human rights instruments, including the International Covenant on Civil and Political Rights and its Optional Protocols; the International Covenant on Economic, Social and Cultural Rights; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol; the Convention on the Elimination of All Forms of Discrimination against Women; the International Convention on the Elimination of All Forms of Racial Discrimination; the International Convention for the Protection of All Persons from Enforced Disappearance; and the Convention on the Rights of Persons with Disabilities and its Optional Protocol. It was also party to the Convention on the Rights of the Child, and its Optional Protocol on a communications procedure. The State was a

[3] The status of "internally displaced" and "displaced" person is not officially defined in national legislation. In order to protect such persons, the Government issued in 2010 a decree on temporary access to rights by internally displaced persons and displaced persons, to recognize their rights while their applications for foreigner status are processed. However, the decree does not supersede the law, and in practice it is challenging for such persons to have access to the rights guaranteed by the decree. See submission of the Office of the United Nations High Commissioner for Refugees to the third universal periodic review of Montenegro, available at www.ohchr.org/EN/HRBodies/UPR/Pages/UPRMontenegroUNContributionsS29.aspx.

[4] United Nations Development Programme Montenegro, "Ageing and seniority — the quality of life" (2 October 2013), available from www.me.undp.org/content/montenegro/en/home/presscenter/articles/2013/10/02/ageing-and-seniority-the-quality-of-life.html.

[5] See www.helpage.org/global-agewatch/population-ageing-data/country-ageing-data/?country=Montenegro.

[6] See Constitution of Montenegro, art. 1 (19 October 2007).

[7] See www.gov.me/en/News/176805/Montenegro-at-European-top-in-terms-of-real-GDP-growth-rating-B1-affirmed-and-in-condition-to-change-outlook-to-stable.html.

signatory to the Rome Statute of the International Criminal Court, and a party to the Convention relating to the Status of Refugees and the Convention on the Reduction of Statelessness. It has yet to ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

12. Montenegro was a party to fundamental International Labour Organization (ILO) conventions, including the Forced Labour Convention, 1930 (No. 29); the Abolition of Forced Labour Convention, 1957 (No. 105); the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87); the Right to Organise and Collective Bargaining Convention, 1949 (No. 98); the Equal Remuneration Convention, 1951 (No. 100); the Discrimination (Employment and Occupation) Convention, 1958 (No. 111); the Minimum Age Convention, 1973 (No. 138); the Paid Educational Leave Convention, 1974 (No. 140); the Worst Forms of Child Labour Convention, 1999 (No. 182); the Social Protection Floors Recommendation, 2012 (No. 202); and the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204). It was not party to the ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169) and Domestic Workers Convention, 2011 (No. 189).

13. The country had, however, not ratified a number of other ILO conventions and recommendations relevant to older persons, including the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128); the Rural Workers' Organisations Convention, 1975 (No. 141); the Nursing Personnel Convention, 1977 (No. 149); the Labour Administration Convention, 1978 (No. 150); the Maintenance of Social Security Rights Convention, 1982 (No. 157); the Labour Statistics Convention, 1985 (No. 160); the Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168); the Protection of Workers' Claims (Employer's Insolvency) Convention, 1992 (No. 173); the Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205); the Labour Statistics Recommendation, 1985 (No. 170); the Labour Relations (Public Service) Recommendation, 1978 (No. 159); the Nursing Personnel Recommendation, 1977 (No. 157); the Recommendation concerning Employment and Conditions of Work and Life of Nursing Personnel, 1977 (No. 157); and the Income Security Recommendation, 1944 (No. 67).

14. At the regional level, Montenegro was a member of the Council of Europe and a participating State of the Organization for Security and Cooperation in Europe (OSCE). In 2004, it had ratified the Convention for the Protection of Human Rights and Fundamental Freedoms and was subject to the jurisdiction of the European Court of Human Rights. The country had also recently ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention).

15. Accession negotiations with the European Union had been opened in June 2012. To date, 30 negotiating chapters had been opened, of which 3 had been provisionally closed. Continuing approximation with the European Union remained a key external anchor for reforms in various areas.

16. The Constitution of Montenegro guaranteed human rights and freedoms to everyone, without discrimination on any ground. It provided that all ratified and published international agreements and generally accepted rules of international law had supremacy over national legislation. According to the Constitution, ratified international treaties formed an integral part of national legislation and were directly applicable when they differed from national legislation. The Constitution provided that everyone had the right to equal protection and access to legal remedy.

17. Montenegro had recently adopted the National Strategy for the Development of the Social Protection System for the Elderly for the period 2018–2022, as well as an action plan for 2018 for its implementation, which replaced the previous strategy that had covered the period 2013–2017. One of the stated main objectives of the previous national strategy had been the provision of integrated social services, i.e. cross-sectoral cooperation regarding the provision of services, in recognition of the growing needs of an ageing society. This had so far remained an important commitment but had not necessarily translated into relevant operational documents or practice.

18. Article 81 of the Constitution provided for the establishment of the Protector of Human Rights and Freedoms (the National Human Rights Institution). The Protector was an independent and autonomous authority who took measures to protect human rights and freedoms. The Protector examined human rights violations based on complaints received from citizens, including about the work of courts, the performance of the prosecution and police conduct or ex officio activities. In 2011, the Law on the Protector of Human Rights and Freedoms of Montenegro had entered into force, by which the Protector had been given additional competences, notably by becoming the institutional mechanism for the protection against all forms of discrimination and the national preventive mechanism for the protection and prevention of persons deprived of liberty against torture and other forms of cruel, inhuman or degrading treatment or punishment.

19. In 2016, the institution of the Protector had received B status from the Global Alliance of National Human Rights Institutions, meaning that it was only partially in compliance with the Principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles). The need to enhance the independence of the Protector had been emphasized repeatedly.[8] Several aspects of the work of the Protector Office had improved, including its visibility, outreach and productivity. However, there was still room to increase its efficiency and the quality of its opinions. While noting the adoption in 2014 of the Amendments to the Law on the Protector of Human Rights and Freedoms of Montenegro, concerns had been repeatedly expressed at the institution's reported lack of capacity to implement its broad mandate in accordance with the Paris Principles.[9] Public trust in the institution had improved, as shown by the number of reported cases. Cases initiated by the Protector at its own initiative had also increased.

20. Montenegro had started to develop a national mechanism for reporting and follow-up on the recommendations received from the United Nations human rights mechanisms, including the development of a database.[10]

21. While several ministries shared overall responsibility for older persons in Montenegro, the well-being of older persons fell mainly within the competence of the Directorate General for Social and Child Protection of the Ministry of Labour and Social Welfare. The Ministry was also responsible for the implementation of the national strategy. Ageing, by its cross-cutting nature, also fell within the competence of several other ministries, notably the Ministry of Health, the Ministry of Human and Minority Rights and the Ministry of Education.

IV. Independent Expert's main findings

A. Discrimination

22. The Ministry for Human and Minority Rights was the main governmental institution for policymaking on the protection of human rights and freedoms and anti-discrimination. A number of working bodies had also been formed that had the authority to monitor the implementation of the policies on the protection and exercising of human rights, including

[8] See the joint opinion on the Law on the Protector of Human Rights and Freedoms of Montenegro by the Venice Commission and the OSCE Office for Democratic Institutions and Human Rights (2011), paras. 25–26, available from www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-AD(2011)034-e; the report of the Commissioner for Human Rights of the Council of Europe following his visit to Montenegro, paras. 66–67, available from https://rm.coe.int/16806db860; and CERD/C/MNE/CO/2-3.

[9] See E/C.12/MNE/CO/1, paras. 5 and 8; CCPR/C/MNE/CO/1, paras. 3 and 7; CAT/C/MNE/CO/2, para. 9; and CERD/C/MNE/CO/2-3, para. 10. See also A/HRC/30/38/Add.2, para. 86.

[10] See A/HRC/38/13/Add.1, para. 6; and OHCHR, "National Mechanisms for Reporting and Follow-Up: A Practical Guide to Effective State Engagement with International Human Rights Mechanisms" (New York and Geneva, 2016).

the Social Council, the Council for the Rule of Law, the Gender Equality Council and the Anti-Discrimination Council.

23. The Anti-Discrimination Council, which consisted of the Prime Minister, the Ministers for Human and Minority Rights, Justice, Labour and Social Welfare, Health and Education and Sports, the Adviser to the Prime Minister on human rights and protection against discrimination, as well as six representatives of non-governmental organizations, had contributed to the legislation framework that enabled unhindered implementation of policies and activities in the areas of human rights and protection against discrimination.

24. The Council was in charge of monitoring and coordinating the activities of State authorities, State administration bodies and other relevant institutions in applying the anti-discrimination mechanisms and measures provided for by law. It was also in charge of screening the applicable legislation in terms of its alignment with ratified international conventions on human rights and freedoms and generally recognized international legal standards in the area of protection against all types of discrimination and, where appropriate, initiating amendments to these pieces of legislation. It monitored the implementation of the administrative and special measures by the relevant bodies as regards the protection against all types of discrimination; identified problems that arose in practice and proposed the measures for addressing them; and undertook determined measures for the sake of promoting anti-discrimination as one of the basic and common principles of protection of human rights and freedoms. Finally, it was in charge of ensuring the necessary cooperation with national and international bodies and organizations for the promotion of human rights and freedoms, and proposing other measures of importance for the protection of human rights and freedoms.

25. The Law on the Prohibition of Discrimination forbade discrimination on any grounds, and distinguished between direct and indirect discrimination. It explicitly specified discrimination based on race, colour, nationality and ethnicity in the fields of education, employment, choice of profession, expert qualifications, social protection, welfare, health care and housing.

26. Amendments to the Law on the Prohibition of Discrimination had been adopted in June 2017, aimed at further alignment with the European Union *acquis*. Court cases remained nevertheless rare, although ageism seemed to be widespread, and stereotyping of and discrimination against older persons remained an issue of concern.

27. In June 2015, Parliament had adopted a new Law on the Prohibition of Discrimination of Persons with Disabilities, containing provisions prescribing penalties for committed discrimination and introduces new grounds and types of discrimination. The law had established new standards relevant to older persons with disabilities and regulates, among others, the fields of independent life and life in the community, as well as the issue of privacy, i.e. violation of privacy and interference in personal and family life and the misuse of data. Discrimination in the field of vocational training, work and employment had been specified with due care. It also covered the field of health care and adequate living standard.

28. With respect to gender equality, there were concerns about the practical impact of the relevant legislation, and further measures were required to combat stereotypes and discriminatory practices.

B. Violence, maltreatment and abuse

29. The occurrence of violence against and maltreatment and abuse of older persons was a major concern and still a taboo subject. There was no information at the national level about the number of older persons who were victims of violence, abuse or maltreatment every year. Such acts usually, though not exclusively, happened in the context of the family. These forms of violence often arose from ageist attitudes affecting both older men

and women, but also patriarchal attitudes regarding gender roles in Montenegro, which continued to be deeply entrenched within Montenegrin society.[11]

30. There were also concerns about financial abuse of older persons, which was particularly problematic as it covered a broad spectrum of occurrences and often occurred by stealth. It had been reported that, in some instances, older persons had been forced by their children to transfer their property and then institutionalized in older persons' homes against their will. This was an area of particular concern for older persons with intellectual and/or psychosocial disabilities, as it was more complex to determine whether they had consented or been forced to move to care institutions and the degree to which substituted decision-making had occurred. The lack of scrutiny of the decisions as well as the lack of monitoring mechanisms was also a concern in psychiatric clinics.

31. The detection of violence against and maltreatment and abuse of older persons was generally an area of concern. While in institutional settings there were some indicators, such as the cleanliness of rooms and the availability of food and water, no data was available on such cases occurring in the family. Awareness-raising and sensitization needed to target specifically the private sphere and informal carers, particularly as collective prejudice against older persons and public awareness influenced the way in which abuse and violence was perceived, recognized and reported.

32. Social work centres primarily identified victims of domestic violence. According to the Report of the Ministry of Labour and Social Welfare in 2013, 285 women had been identified as victims of domestic violence, 52 men and 28 older persons. In 2014, 281 women, 50 men and 33 older persons had been recorded as victims of such violence. There was no data available for 2015. The prevailing domestic violence had been emotional, followed by physical, sexual and economic.[12]

33. The Government had taken measures to create a legal framework and a policy framework through the adoption of laws and policies that would provide an adequate response to domestic violence, including violence against older persons.

34. In 2010, Montenegro had adopted the Law on Protection against Domestic Violence. A strategy for protection against domestic violence had been developed in July 2011, and in December 2011, a protocol for the treatment, prevention and protection from domestic violence had been agreed. The current Strategy for Protection against Family Violence for the period 2016–2020 defined the basic policy of Montenegro in relation to protection against domestic violence.

35. Despite this solid legislative framework and policy, application in practice remained difficult. The Law on Protection from Domestic Violence, for instance, required the formation of a large number of support services, including a secured infrastructure as a prerequisite for the implementation of the law as well as a dedicated budget and staff training.

36. There was also a lack of awareness and sensitivity among the relevant authorities and a lack of information about the existing protection mechanisms. Effective victim support services, such as shelters and safe houses, were yet to be provided, along with better and more accessible legal aid. Judicial authorities were unaware of the need for urgent action to be undertaken, and the absence of positive case law was unhelpful. The mild sentences handed down by the courts bordered on impunity. The limited numbers of protection orders issued in cases of repeated reports of violence needed to be addressed. The limited awareness among the general public of the problems of domestic violence was also a serious problem that prevented the creation of a safe and supportive environment for

[11] See CEDAW/C/MNE/CO/2, paras. 46–47.

[12] See SOS Telephone for Women and Children Victims of Violence, Podgorica, "Domestic Violence in Montenegro: Theory and Practice (Monitoring Study)" (Podgorica, Montenegro, 2017), p. 79; and Government of Montenegro submission dated 27 June 2018 in reference to reports by the Ministry of Labour and Social Welfare, in which the Government added figures for 2012, specifically that 1,015 persons had been reported as victims of domestic violence, of which 628 had been women, 318 men and 40 minors.

victims of violence. This was further compounded in the case of violence against or maltreatment and abuse of older persons, who often feared reprisals by their caregivers, and where the privacy barrier in family relationships and lack of awareness contributed to underreporting.

C. Adequate standard of living and autonomy

37. The stated objective of Montenegro was to enable older persons to remain active members of society to the greatest extent possible, choose freely their lifestyle and lead an independent life in their home and natural environment to the greatest extent possible. It also aimed to respect the privacy of the elderly and participate in the improvement of living conditions of elderly persons in social protection institutions. The Government was increasingly assuming the role of protector of older persons against many of the risks they could incur in old age, yet many remained deprived of full inclusion and participation in social, economic, cultural and political affairs.

38. Poverty was structurally engrained in Montenegro. Poverty rates had persisted over the past few decades due to high unemployment and low income levels. The Independent expert notes that there was no data available disaggregated by age, in particular on old-age poverty and on older persons living in the street, which impeded the development of targeted policies. While there was no data available on older persons living in the streets, their number seemed to have grown. The fact that the number of retirees had increased in the past 10 years could have led to more elderly persons living in poverty.

39. There were significant disparities in the extent of poverty between the regions, particularly the North and other parts of the country. Poverty rates in the North, where a third of Montenegro's population lived, were almost twice that of the Central and Southern regions. The rural population also faced a greater risk of poverty compared with the urban population.

40. Older persons, and notably older women, were particularly vulnerable to poverty and social exclusion in Montenegro. The risk of old-age poverty was further increased if older persons belonged to those population groups that were poorer than the average, such as Roma, persons of Ashkali and Egyptian ethnicity, displaced persons or persons with disabilities. One of the most vulnerable groups was older refugees and those holding the legal status of either "internally displaced persons" or "displaced persons" who did not have family members to take care of them.

41. Older rural women, who constituted a large portion of rural women, carried a disproportionate burden of unpaid and physically challenging work under difficult conditions, such as having limited access to running water and/or electricity and childcare facilities. The Family Law further contributed to women facing accrued old-age poverty risks as it allowed, inter alia, for unequal division of the joint property in cases where one spouse could prove that his/her contribution had been higher.

42. The number of older persons unable to meet their own basic needs continued to grow in rural areas of Montenegro, some of which were not connected by any sort of organized transport and lacked proper infrastructure. Older persons living in such areas were virtually incapacitated in performing everyday tasks, such as buying groceries, registering documents, paying bills and seeing a doctor.

43. The Government recognized that social exclusion was one of the major challenges for older persons and had made it a key priority. The Ministries of Labour and Social Welfare and of Education and Sport had partnered with United Nations agencies and the European Union to enhance social inclusion in order to facilitate access of vulnerable, socially excluded groups to comprehensive, inclusive and sustainable family and community-based services.

44. Accessibility, both to buildings and areas in public use, was covered by the Law on Prohibition of Discrimination of Persons with Disabilities. It also covered accessibility to public transport, public and private properties and services, and equality under law and before State and other authorities. While Montenegrin laws were in line with international

standards regarding persons with disabilities, the implementation of the Convention on the Rights of Persons with Disabilities remained weak. There had been some improvement in enabling access to public buildings for persons with reduced mobility, but many public institutions were not yet accessible.

46. The right to housing was not enshrined in the Constitution of Montenegro. However, the 2011–2020 National Housing Strategy and the Law on Social Housing set out the basic strategic and institutional elements of the social housing system. Pursuant to the Law, persons aged 67 or over were entitled to have their housing needs addressed. Other priority groups in the exercise of the right to social housing included persons with disabilities, Roma and Ashkali and ethnic Egyptians, and displaced persons. Age was also one of the general criteria for determining the order of precedence of persons.

45. No data was available on the number of persons who were homeless or inadequately housed and without access to basic infrastructures and services such as water, heating, waste disposal, sanitation and electricity, or the number of persons living in overcrowded or structurally unsafe housing. The fact that the Ministry of Labour and Social Welfare had not recorded any complaint on discrimination against homeless persons was not proof that such cases did not exist. The Independent Expert recognized the temporary measures taken in Podgorica to provide housing to homeless older persons but noted there was a need for a practical reflection and more systematic efforts to assist this vulnerable group and to expand the availability and quality of social housing for homeless persons and older persons.

47. The issue of deprivation of legal capacity must be addressed without delay, in line with the Convention on the Rights of Persons with Disabilities. The current guardianship and substitute decision-making regime must be replaced with a system of supported decision-making that fully respects the autonomy, integrity, dignity, will and preferences of the person.

48. Montenegro was exposed to earthquakes and floods, with floods posing the greater risk. The floods in 2010 had been, according to the Government, the worst ever recorded and had affected more than 5,000 people in Montenegro. Another devastating flood in the Balkans had also affected Montenegro in 2014. Such disasters had a disproportionate effect on older persons, particularly those living in remote rural areas.

D. Social protection and the rights to social security and work

49. Social safety nets in Montenegro were well developed but did not adequately cover all risks for all population strata, notably older persons were still at risk of poverty. The system of social protection of older persons in Montenegro included health care, pension insurance, disability insurance and unemployment insurance.

50. The social protection system consisted of a non-contributory part, including institutional and non-institutional care and social welfare benefits, and a contributory part, such as pensions, health and unemployment insurance.

51. Social assistance spending was above the European average. Given the population dynamics in Montenegro, i.e. an ageing population in the context of a nearly stagnating population growth, meeting social protection needs was increasingly becoming a challenge. The old-age dependency ratio was expected to double from about 20 in 2015 to almost 40 in 2050, and the working-age population would face an increasing financial burden to support older persons. The dependency ratio was significantly above the average of emerging economies, but not quite as high as that of advanced economies.

52. Montenegro had adopted several national strategies that were of relevance to the social protection of older persons. These included the Strategy for the Development of a Social and Child Protection System, a strategic document with regard to the development of a social protection system, including for older persons. The Strategy for the Integration of Persons with Disabilities in Montenegro for the period 2016–2020 aimed to continue to improve the position of persons with disabilities and establish the broadest legal framework

for the definition of policies on persons with disabilities, in accordance with the social model of approach to disabilities.

53. Comprehensive reform of the social welfare system was one of the key undertakings of the Government in the ongoing European Union integration process. The adoption in May 2013 of the Law on Social and Child Protection had been an important step towards the protection of the most vulnerable groups, as well as to the creation of an institutional framework, but there seemed to be a lack of capacity of State institutions to implement the law effectively. The effective and accountable delivery of quality social services at the local level also continued to face challenges, including with regard to the design and implementation of local social inclusion plans as well as insufficient capacities and lack of facilities to provide social services, especially in rural areas.

54. A backbone of the social welfare reform process had been the introduction of a new, innovative information system, the so-called Social Welfare Information System, which aimed to re-engineer, improve and upgrade the capacities of the 13 social welfare centres in charge of conducting needs assessments of older persons, evaluating the suitability of caretakers and monitoring individual plans of services and cover in all 23 municipalities of Montenegro. The System covered almost all of the business processes in the centres, including case management, social transfers, benefit applications, processing, approval, monitoring and audit (including around €70 million annually for benefit payments alone). As such, social welfare centres became one-stop shops where all documents to determine social benefits eligibility were made available. The new System generated so-called "e-social cards" to reduce inclusion errors and improve the efficiency and effectiveness of financial assistance. Due consideration had to be given to older persons' accessibility bearing in mind challenges relating to their information technology literacy.

55. Montenegro had started to reform its pension system in 2004, including by gradually raising the pension age to 65 years for men and 60 years for women. In 2011, the Amendments to the Law on Pension and Disability Insurance had introduced further changes to the pension system.[13] Plans are currently under way to raise the pension age again, to 67 years for men by 2025 and for women by 2041. The reforms had not so far contributed to the sustainability of the welfare system, and an ageing population was expected to put further pressure on pension expenditures.[14]

56. According to article 1 of the abovementioned Law, the pension and disability insurance system consisted of the mandatory pension and disability insurance based on the principle of intergenerational solidarity, the mandatory pension and disability insurance and a voluntary pension insurance, both based on individual capitalized savings.

57. The economy was characterized by endemic informality and a relatively low rate of activity. This was especially the case for women, in particular older women in rural areas, who had engaged in unpaid work or in the informal sector, and who therefore did not have access to the contributory social protection schemes, such as old-age pension.

58. The adequacy of retirement income for older persons remained an issue of concern. At the beginning of the reform, pensions had amounted to 85 per cent of average earnings, and were now below 60 per cent of average earnings. Measures should not only be aimed at ensuring a certain standard of living for older persons, but more generally at providing a means for older persons to maintain, to a reasonable degree, the standard of living they had reached in their working lives, and to enable them to participate actively in public, social and cultural life.

[13] Pension and Disability Insurance Fund of Montenegro, "Guide to Exercise the Rights to Pension and Disability Insurance" (Podgorica, 2011), available at www.fondpio.me/pdf/Vodic1engl%20FINAL.pdf.

[14] See International Monetary Fund (IMF), "Montenegro Selected Issues", IMF Country Report No. 17/277 (2017), p. 40, available at www.imf.org/~/media/Files/Publications/CR/2017/cr17277.ashx.

E. Education, training and lifelong learning

59. The process of reforming the education system in Montenegro had started in 1999. Adult education was a part of a single education system aimed at the creation of an environment where citizens were involved in a lifelong learning process with a view to developing a competitive market economy and reducing unemployment and social exclusion. Adult education was conducted through formal and non-formal education, i.e. learning, informal learning and self-directed learning.

60. Montenegro had adopted a number of strategies relevant to the education, training and lifelong learning of older persons, including the Adult Education Strategy 2015–2025 and the Adult Education Plan 2015–2019 — which was elaborated for each year and each unit of local self-government in the Annual Plan for Adult Education — and the Strategy for the Development of Vocational Education in Montenegro (2015–2020). One of the current priorities of the Ministry of Education was to provide training to persons belonging to minorities.

61. Despite the ongoing reform activities, adult education in Montenegro still and to a great extent performed a corrective function within the formal education system. This was in particular necessary since there was a mismatch between the education system and labour market needs that remained an issue of concern. There was no particular focus, however, on those older persons who had retired. While educational programmes should not target older persons exclusively, as this would be limiting and could lead to the creation of spaces of social exclusion, there was a need to ensure access to education and training for the elderly, taking into account their specific interests and needs, and the fact that they learned differently from younger ones.

62. Around 3 per cent of persons were enrolled in lifelong learning programmes, which clearly indicated that further efforts should be invested in strengthening the lifelong learning concept, including the promotion and implementation of activities, in order to increase the number of adults in such programmes.

F. Care

63. In July 2015, the Government had adopted the new Health-Care System Development Master Plan 2015–2020. Its objective was to provide accessible and comprehensive health care. The Master Plan covered the prevention and control of chronic non-communicable diseases, the prevention and control of communicable diseases, the health care of the most sensitive and vulnerable categories of the population and efforts to strengthen public health, with defined goals and activities and with emphasis on improving information, as an effective mechanism for achieving social goals.

64. The new Law on Health Care, adopted in December 2015, had created the conditions for the maintenance, protection and promotion of citizens' health and the improvement of the health condition of the population. The Law aimed to ensure the sustainability of the health system and the availability of high-quality health care, under equal conditions for all citizens of Montenegro. The solutions put forward included special care for those categories of the population whose health was threatened and who were socially vulnerable.

65. Based on the Law on Health Insurance, older persons were covered by the mandatory health insurance, which included medical examinations and medicine. Problems occurred when an older person, who had been prescribed medical examinations or medicine, could not obtain them in public health institutions (including public pharmacies), so had to go to private health institutions and pay for the examinations and medicine. The insurance would not cover the actual cost, and the difference between the price paid and the price reimbursed (the bare cost of the medical procedure or medicine at which it had been supplied to the private health-care institutions) fell on the older person and could be as high as three times the amount reimbursed.

66. Home-care services followed by day-care services for older persons were the most common services that provided assistance to older persons and ensured that they could stay as long as possible in their primary environment. Alternative care services needed to be strengthened to complete the successful deinstitutionalization efforts.

67. The Ministry of Labour and Social Welfare, between 2012 and 2013, had engaged in a project entitled "Reform of the Social and Child Protection System: Enhancing Social Inclusion", to support the development of community services for older persons. The project provided support to local partners to identify needs, develop a model of service delivery and implement it, building on the capacities of social work centres, municipal organizations of the Red Cross and, to a lesser degree, civil society organizations.

68. Home-care services had been continually expanded in Montenegro since 2015 in cooperation with the United Nations Development Programme. So-called "home help for the elderly" service was provided in 16 municipalities by social work centres through the engagement of 120 old-age assistants ("geronto assistants") for about 1,200 beneficiaries in 2017. The criteria for determining the number of such assistants to be hired by the municipality was the number of beneficiaries of care and assistance benefits above 65 years of age and the number of beneficiaries of material benefits above 65 years of age.

69. The Red Cross and other civil society organizations were also important providers of social services for older persons in Montenegro but had no access to funding from public revenues at the national level. The home-care programme of the Red Cross sought to improve the quality of life of older persons and decrease the level of old-age poverty. Support was being provided in 12 municipalities to some 700 older persons, including through a network of trained volunteers, to enable them to live autonomously and remain in their homes for as long as possible. Besides the direct provision of services during house visits and at clubs for the elderly, the Red Cross was also working intensively on networking with all relevant stakeholders, performing public advocacy, raising awareness on the needs and problems of older persons and promoting healthy ageing.

70. There were important disparities between urban and rural areas in Montenegro regarding access to home care for older persons. Older persons in the North of the country, who often constituted the majority of the population in small villages, tended to be isolated and services were often outside their reach.

71. Efforts were ongoing to increase capacities for accommodation of older persons, such as the construction or reconstruction of facilities in the municipalities of Pljevlja and Nikšić. The Elderly Home Pljevlja had been founded in September 2017. The activities of the home included: (the accommodation of adults with disabilities and older persons; occupational engagement to provide employment and occupational therapy, cultural and entertainment activities; and health care, provided in accordance with regulations on health care and health insurance. The home had a capacity of 68 beds. The reconstruction of a military complex in Trebjesa for the purposes of building a home for older persons and persons with disabilities in the municipality of Nikšić was also under way. The capacity of that home was envisaged at 220 beds.

72. Privately owned homes for older persons had developed in recent years, but did not form part of the social protection system as there were no systematic conditions for their licensing. The introduction into the system of these homes could significantly enhance the capacity of the system to provide quality services for older persons, and was possible provided they exceeded the minimum standards.

73. The Independent Expert was concerned at the lack of alternative care settings for persons with mental health care needs and with intellectual and/or psychosocial disabilities. Older persons who could live autonomously with adequate assistance and did not require hospitalization were therefore placed in psychiatric clinics, such as the Kotor psychiatric clinic. There were also no specialized institutions for older persons suffering from Alzheimer's disease, who would either receive care in psychiatric clinics or within their families.

74. The first two day-care centres for older persons had been opened in 2015 in Nikšić, in cooperation with the local administration. Currently, Montenegro had six day-care

centres for older persons, including three in Nikšić, two in Danilovgrad and one in Mojkovac.

75. Health care for many older refugees had become inaccessible as a result of the obligation imposed on all foreigners to submit certificates from their countries of origin proving they were not beneficiaries of a State health insurance scheme.

V. Conclusions and recommendations

A. Overall remarks

76. The Independent Expert welcomes the recent finalization of the Strategy for the Development of the Social Protection System for the Elderly for the period 2018–2022. She notes that the related action plan, which comprises a set of measures, should also include information on financing the implementation of planned tasks, including the sources of funds and needed amounts. There are also a number of other auxiliary strategies, such as the Strategy for the Development of Social and Child Protection System, dealing with the development of the social protection system, or the Strategy for the Integration of Persons with Disabilities in Montenegro for the period 2016–2020. These attest to the political will and determination in improving the situation of older persons for them to be able fully to enjoy their human rights. Noting these important commitments, the Independent Expert calls upon the Government to deliver on its pledge to putting older persons first and to ensure effective implementation of the various strategies.

77. She commends the Government for the Analysis of Implementation of the Strategy for the Development of the Social Protection System for the Elderly for the period 2013–2017, as it generated valuable data on the status of the enjoyment of human rights by older persons in Montenegro and provided a basis for further targeted interventions in the years ahead.

78. The Independent Expert recognizes that Montenegro has improved its legislative framework related to the social protection of older persons, but stresses that further reforms are required, together with a reorganization of existing structures to ensure integrated services of social and health care for older persons.

79. While noting that the Directorate General for Social and Child Protection of the Ministry of Labour and Social Welfare has the primary responsibility for older persons in Montenegro, the Independent Expert notes that a comprehensive and multidisciplinary approach to ageing requires a functionally independent interministerial coordination mechanism, with a legal status and its own assets, which would also greatly facilitate the implementation of the national strategy and its action plan as well as efforts to monitor and evaluate its impact on the enjoyment by older persons of their human rights.

80. The Independent Expert acknowledges the important work of the institution of the Protector and recommends that legislation concerning the election and dismissal of the Protector be amended to ensure its independence and strengthen public confidence in the institution. It is also necessary to further strengthen the institution of the Protector by equipping it with adequate human, technical and financial resources to fulfil the recently expanded mandate of the office. She also recommends that the mandate be further broadened to specifically include older persons and that it be empowered to initiate and participate in judicial proceedings relating to discrimination. She further recommends that the Government strengthen the institution in accordance with the Paris Principles and provide it with adequate human and financial resources, considering, in particular, its role the institutional protective mechanism against discrimination.

81. On the basis of the findings and observations in the present report, the Independent Expert makes the conclusions and recommendations below.

B. Recommendations to the Government

1. Study and statistics

82. **The Independent Expert encourages the Government to ensure the nationwide, systematic and regular collection of disaggregated data on the impediments to the enjoyment of all human rights by older persons, such as all forms of discrimination on the basis of age, individually and cumulatively, as well as exclusion, poverty and all forms of violence, abuse, neglect and maltreatment.**

83. **The new Social Welfare Information System, on its own and through of its interoperability with several national institutions, generates important sets of data about people found ineligible for benefits (and the reasons for their ineligibility), as well as the patterns in terms of income, social situation, geographical location and other socio-demographic characteristics of the applicants and beneficiaries. The Independent Expert recognizes the value of evidence-based data for the formulation of policies, for monitoring their implementation and for assessing their impact, including on older persons. Given that data have to be used sensibly in order to avoid stigmatization and potential misuse, particular care should be exercised when collecting, storing and analysing data to respect and enforce data protection and privacy.**

2. Discrimination

84. **The Independent Expert notes that stereotyping and discrimination of older persons remains an issue of concern in Montenegro. She recommends that the population be further made aware about ageism and its detrimental impacts, such as the reinforcing effect on violence against and maltreatment and abuse of older persons. She also stresses that patriarchal attitudes and stereotypes regarding the roles and responsibilities of women and men place women in a disadvantaged position.**

85. **Further noting concerns on the practical impact of the relevant legislation on equality between women and men, the Independent Expert stresses the need for further measures to counter stereotypes and discriminatory practices.**

86. **The Independent Expert recommends that the Government conduct a targeted awareness-raising campaign to correct the prevailing public perception of older persons as passive consumers of services offered by society, politically and socially inert and unfit to take part in decision-making. There is also a need to encourage and support older persons to take part in decision-making processes related to ageing and older age at all levels.**

87. **She highlights in this regard the importance of continuing to mark 1 October, the International Day of Older Persons, with activities across the country as a key occasion to draw the public's attention to issues of importance not only to older people but also to people of all ages, thus fostering intergenerational solidarity.**

3. Violence, maltreatment and abuse

88. **While recognizing the efforts of Montenegro to create a legal and policy framework to adequately address domestic violence, including violence against and maltreatment and abuse of older persons, the Independent Expert calls upon the Government to ensure effective application in practice.**

89. **The Independent Expert also calls upon the Government to ensure that cases of domestic violence are thoroughly investigated, that perpetrators are brought to justice and that victims are adequately protected and compensated. The training of judges, lawyers and prosecutors is essential to ensure that cases of domestic violence are investigated swiftly to signal to older persons and the community that violence against and maltreatment and abuse of older persons are serious crimes and will be treated as such. She also stresses the need to address the lack of awareness and sensitivity among the relevant authorities and the lack of information about the existing protection mechanisms.**

90. Normative action needs to be complemented by concrete measures and mechanisms to detect, report and prevent all forms of abuse of older persons in institutional care and in family settings. Protocols and processes are needed to assist individuals, families, careers in institutional settings and community groups to understand the issues surrounding elder abuse, to recognize individuals who are at risk and to respond when appropriate. Caregivers, including old-age assistants ("geronto assistants"), in domestic and institutional settings, need to be made further aware and trained on how to prevent and detect elder abuse.

91. The Independent Expert calls upon the Government to step up its efforts to establish the planned database with comprehensive statistics on violence against women, disaggregated by gender, age and relationship between victim and perpetrator, as this would generate essential data for targeted prevention.

92. She also stresses the need to ensure the availability of a sufficient number of adequate shelters and safe houses adapted to the specific needs of older persons, better and more accessible legal aid and the actual provision to victims of counselling, rehabilitation and support services. Assistance to elderly victims of violence needs to include legal responses as well as social measures. As they may be afraid to go to the police, alternative services, such as case workers, should be available to support older persons throughout the process, e.g. by accompanying them to the police and helping them to find a shelter.

93. The Independent Expert recommends that awareness-raising specifically target the private sphere and informal carers, particularly as collective prejudice against older persons and public awareness influence the way in which abuse and violence is perceived, recognized and reported.

94. The Independent Expert recommends that a preventive information campaign on violence against and maltreatment and abuse of older persons be conducted. Targeted dissemination of information to older persons about their rights could help to improve disclosure of abusive experiences, including financial abuse occurring in the family.

4. Adequate standard of living and autonomy

95. The Independent Expert calls upon the Government to strengthen its efforts to combat poverty and social exclusion, particularly in the Northern region, and to develop an evaluation mechanism to assess the impact of the measures taken.

96. The Independent Expert recommends that Montenegro adopt an adequately resourced, comprehensive accessibility strategy and promote universal design for all buildings, public services and public transport to ensure accessibility for older persons, including those with reduced mobility and with disabilities.

97. It is essential for engineers and architects to be aware of the implications their professions have on the enjoyment of all human rights by older persons. The Independent Expert recommends that a human rights-based approach be applied in order to secure the involvement of architects and engineers in the design of public and private buildings, in conformity with human rights.

98. The Independent Expert notes that it is essential to foster the resilience of older persons, reduce their vulnerability and ensure that they are fully informed and participate actively in the formulation and implementation of policies and decisions that directly affect them. Their experience, knowledge and skills should be part of all phases of the disaster risk reduction strategy, from mapping exercises to implementing solutions at the local level. This would empower local communities to develop practical and realistic approaches to the environmental challenges faced. During emergency situations, humanitarian response, services, support and information must be adapted to the specific needs and conditions of older persons. National legal frameworks to protect the rights of older persons who are affected should draw upon existing standards, guidelines and best practices, such as the Inter-Agency Standing Committee Operational Guidelines on the Protection of Persons in

Situations of Natural Disasters, the Peninsula Principles on Climate Displacement within States as well as the Guiding Principles on Internal Displacement (E/CN.4/1998/53/Add.2).

99. **While recognizing the measures taken to provide housing to homeless older persons, the Independent Expert calls for more systematic efforts to assist this vulnerable group and to expand the availability and quality of social housing for homeless persons and older persons in general.**

100. **The Independent Expert emphasizes the need for the issue of deprivation of legal capacity to be addressed without delay, in line with the Convention on the Rights of Persons with Disabilities, and to replace the current guardianship and substituted decision-making regime with a system of supported decision-making that fully respects the autonomy, integrity, dignity, will and preferences of the person.**

5. **Social protection and the rights to social security**

101. **Recognizing the efforts of Montenegro to improve its legislative framework related to social protection, the Independent Expert stresses the need to continue the reform to ensure integrated social and health-care services for older persons. This will require more efforts and expenditures by the Government on health and care infrastructure to provide alternatives to older persons.**

102. **The Independent Expert urges the Government to address the prevailing old-age poverty and consider the introduction of a non-contributory old-age pension as a means to contribute to poverty alleviation, particularly among older women, given that the ratio of older persons is expected to increase in the years to come.**

103. **The Independent Expert calls upon the Government to ensure that older rural women engaged in unpaid work or in the informal sector have access to non-contributory social protection schemes in line with Committee on the Elimination of Discrimination against Women general recommendation No. 16 (1991) on unpaid women workers in rural and urban family enterprises.**

104. **While noting the efforts of Montenegro to bring its legislation into line with the European Union acquis in the context of the accession negotiations, the Independent Expert notes that social policies are the competence of national member States with the support of the European Union. With regard to the austerity measures that the Government is planning to implement, the Independent Expert stresses the need to ensure that these do not have adverse impacts on older persons or infringe upon their economic, social and cultural rights.**

6. **Education, training and lifelong learning**

105. **While educational programmes should not target older persons exclusively, as this would be limiting and could lead to the creation of spaces of social exclusion, the Independent Expert stresses that there is a need to ensure access to education and training in old age taking into account their specific interests and needs, also as older persons learn differently from younger ones.**

106. **The Independent Expert recommends that a strategy of lifelong learning that adequately responds to the needs of older persons be elaborated to enable them to cope with constantly changing circumstances, requirements and challenges, for their active participation in society and for an independent life continuing into old age.**

7. **Care**

107. **The Independent Expert emphasizes that cross-sectoral services are required to provide adequate care to older persons, notably between the social protection and health systems. It is further necessary to improve the integration between the public and private health care to ensure that older persons are able to use private health services to have access to treatment that is not available under public health schemes, without having to bear the financial burden.**

108. **The Independent Expert recommends that Montenegro develop an overall a long-term care policy, taking into account input from older persons themselves at all levels, and ensure a human rights-based approach in the design and delivery of long-term care.**

109. **The Independent Expert welcomes the commitment for deinstitutionalization and the development of community services for older persons. In view of the population dynamics of Montenegro, she stresses the need to further develop home help and day-care centres to enable older persons to stay in their primary environment for as long as possible and allow the postponement of their accommodation in nursing homes. She further recommends that sufficient alternative accommodation services be developed, such as family accommodation for older persons or community-supported housing. Such alternative models could utilize existing resources of older persons themselves, if adequate legal protection is in place.**

110. **The Independent Expert notes that a number of services, such as "home help", i.e. home-care services, take place within a project framework, and recommends that these be further institutionalized and that resources be made available from local government budgets. Further fiscal decentralization would enable municipalities to increase the allocation of funds for social and community services.**

111. **The Independent Expert emphasizes the need to create urgently adequate accommodation capacities as well as standards for the accommodation of older persons suffering from dementia, with functional links made with medical services and the health-care system.**

112. **The Independent Expert was concerned at the lack of alternative care settings for persons with mental health-care needs and with intellectual and/or psychosocial disabilities, and recommends that the Government address this.**

113. **The Independent Expert calls upon the Government to ensure the provision of palliative care for older persons. She recommends that it further explore the development of community-based palliative care, for instance in the context of home help and day care for terminally ill older persons, and the provision of palliative care in new retirement homes for older persons, as well as the development of hospices to accommodate older persons suffering from incurable diseases.**

114. **While welcoming the concept of old-age assistants, the Independent Expert emphasizes the need to ensure that such caregivers receive adequate training, including basic information concerning geriatrics and how to interact with older patients. She also recommends that training in gerontology and geriatrics be made a requirement for all categories of health professionals dealing with older persons as well as community members, and that it pursues a biopsychosocial instead of a mere biomedical approach. Geriatric medicine also needs to be integrated into university curricula to ensure that sufficient qualified specialists in geriatrics are available to meet the needs of an ageing society.**

115. **The Independent Expert recommends that Montenegro ensure that full access to health care is given to older refugees who acquire "foreigner" status, as well as for those still holding the legal status of "internally displaced" or "displaced" persons.**

116. **The Independent Expert also stresses the need to ensure quality control in all settings and recommends that minimum standards be developed for social protection services and health-care institutions, as well as hospices and other community services. Quality management and monitoring in older persons' homes, as well as abuse prevention and the managing of such cases, also need to be strengthened.**

C. Recommendations to the international community

117. **The Independent Expert acknowledges the commitment of Montenegro to ensuring the full enjoyment by older persons of their human rights and notes that the international community has a valuable role to play in providing assistance to and**

cooperating with the Government of Montenegro to ensure the full implementation of existing international and regional instruments relating to older persons. She supports the Government's call for expertise to be provided on human rights through, inter alia, the deployment by OHCHR of human rights staff members to the country to provide follow-up to and to promote the implementation of measures that help to promote and protect the human rights of older persons.

D. Recommendations to businesses

118. The Independent Expert is concerned about ageism and stereotyping of older persons, which goes hand in hand with certain forms of discrimination, such as gender-based discrimination, discrimination on the grounds of disability, origin or membership of an ethnic, religious or linguistic minority, or on any other grounds. The Independent Expert takes the opportunity to remind businesses that they should comply with the Guiding Principles on Business and Human Rights. She also takes the opportunity to draw the attention of the Government to its obligation to ensure the respect for, protection of and compliance with human rights in the sphere of business activities by public or private enterprises, and to the need to adopt appropriate legislation and regulations in conjunction with supervisory and investigative mechanisms and mechanisms to ensure accountability, in order to establish and ensure compliance with norms for business activities.